

RFP – 4-45
Attachment D
Scope of Work

National Program Overview

CDC's Office on Smoking and Health (OSH) created the National Tobacco Control Program (NTCP) to encourage coordinated, national efforts to reduce tobacco-related diseases and deaths. The program provides funding and technical support to State and territorial health departments. As of September 30, 1999, NTCP funds all 50 States, the District of Columbia, 7 U.S. territories, and 11 national organizations. NTCP-funded programs are working to achieve the objectives outlined in OSH's Best Practices for Comprehensive Tobacco Control Programs.

The four goals of NTCP are to:

- Eliminate exposure to environmental tobacco smoke,
- Promote quitting among adults and youth,
- Prevent initiation among youth, and
- Identify and eliminate disparities among population groups.

The four components of NTCP are:

- Population-based community interventions,
- Counter-marketing,
- Program policy/regulation, and
- Surveillance and evaluation.

Comprehensive State-Based Tobacco Prevention and Control Program

The Indiana Comprehensive State-Based Tobacco Use Prevention and Control Program is located in the Chronic Disease Division, Indiana State Department of Health (ISDH). The Program operates under the name, Smokefree Indiana (SFI) and is located off the premises of the ISDH. The Program's goals and objectives are a customized and federally approved version of the goals and objectives of CDC's National Comprehensive State-Based Tobacco Use Prevention and Control Program.

In conducting activities to achieve the purpose of the SFI program, the award recipient will be responsible for the following activities:

Program Management

Identify and hire staff with the appropriate competencies to manage a tobacco use prevention and control program and provide information to demonstrate that management staff are at a level within the agency to affect the decision making process related to the tobacco program.

The suggested minimum number of staff is six full time equivalents. (Requirements and duties of each staff member are located at the end of this document.) Five employees will be housed in Indianapolis and one will be housed at Valparaiso University. Staff should have knowledge and skills in: program development, coordination and management; fiscal management including management of funding to State and local partners; leadership development; tobacco control and prevention content; cultural competence; public health policy including analysis, development and implementation; community outreach and mobilization;

training and technical assistance, health communications including counter-marketing; strategic use of media including media advocacy, earned and paid media; strategic planning; gathering and analyzing data (surveillance); and evaluation methods.

Performance will be measured by evidence that the award recipient has dedicated human resources to administer and manage the program effectively that is consistent with the competencies and staffing levels identified above in “Program Management.”

Evidence of the provision of ongoing training for staff can be demonstrated through staff participation in CDC sponsored trainings, meetings, conferences and other continuing education opportunities, as identified by SFI program staff.

Evidence of organizational impact could be demonstrated by providing evidence that management staff have organizational access to the Director of Chronic Disease and the State Health Commissioner and by providing information to support senior level management involvement in the tobacco program.

Fiscal Management

- Describe how funding will accomplish supporting State and local programs that focus on population-based strategies, are science-based and policy-focused, and will reach diverse groups.
- Track and monitor the health and economic burden of tobacco use in the State through surveillance and evaluation activities, program activities supporting goals and objectives, tracking policy development and implementation.

Performance will be measured by evidence that the award recipient activities resulted in accomplishing the items listed above in “Fiscal Management.”

Strategic Planning

Develop a five-year strategic plan with active participation of State and local partners. The strategic plan should reflect all tobacco use prevention and control activities in the State. It should be linked to and complement the ISDH comprehensive cancer control plan, the asthma control plan, diabetes plan and other ISDH plans to reduce tobacco-related chronic diseases. The five-year strategic plan should include: description of evidence-based program and policy strategies tailored to data determined State needs; a logic model linking activities to outputs and short-term and intermediate outcomes using specific, measurable, achievable, relevant, and time bound program objectives; program evaluation activities including a summary and time-line for data collection activities; program components that address counter-marketing and strategic use of media advocacy and paid media when appropriate; strategies to address the four program goal areas.

Performance will be measured by evidence that a five-year basic implementation, strategic State tobacco control plan has been developed and will be updated based on environmental changes. Evidence can be shown by a description of how the plan was developed and the submission of a plan that is consistent with the activities described above in “Strategic Planning.”

Surveillance and Evaluation

Develop and implement a basic implementation evaluation plan with stakeholders’ involvement. The evaluation plan should include clear goal-based logic models, with outputs, short, intermediate, and long-term objectives; data collection on key tobacco-related indicators using valid methods that are comparable across other states; data collection timetables, the production and dissemination of evaluation reports and establishment of a method to track the

number and type of policy and systems changes that promote cessation. References such as the U.S. HHS CDC "Introduction to Program Evaluation for Comprehensive Tobacco Control Programs, November 2001" and the upcoming report on key indicators can be used to monitor and evaluate State level tobacco control programs.

Performance will be measured by accomplishment of the activities described above in "Surveillance and Evaluation" and by providing the following evidence: a description of a comprehensive evaluation plan, including the involvement of stakeholders in the evaluation planning process; recommendations made and/or actions taken by an advisory group or task force composed of diverse State and local representation; a description of the data collection activities, including methodologies and data analysis; a description of process and outcome objectives and indicators to be used in program evaluation; a description of the ISDH's role in coordinating surveillance and evaluation efforts and providing technical assistance and training on program monitoring, data collection, and evaluation; the production of useful evaluation reports, and the utilization of evaluation findings to improve, expand, or maintain the tobacco control program.

Collaboration and Communication with Partners

Develop and maintain Statewide and local active partnerships that support the goal of reducing or eliminating the health and economic burden of tobacco use, and create an effective communication system with partners at the State and local level. Partnerships may include Statewide and local organizations, voluntary health organizations, universities, local health departments, organizations that represent diverse communities, community based organizations, Statewide and local coalitions, boards, commissions, and advisory groups with responsibility for

tobacco control. Working with partners includes capacity building with those organizations through technical assistance, training and educational activities.

Performance will be measured by accomplishing the activities described above in "Collaboration and Communication with Partners" and by providing the following evidence: submission of letters of support that clearly define the level of commitment from the organization; description of grants, contracts, and memoranda of understanding; membership lists; active participation in meetings; clear role definitions for partners; active participation in Statewide and local planning including media campaigns, tobacco control plans, and attendance at conferences. Evidence can be shown by: description of stakeholder communication plans which employ multiple channels including a statewide list serve; statewide conferences, trainings, and information exchanges; electronic newsletters and updates; statewide teleconferences; Web site postings; site visits; and videos.

Local Grant Programs

Support local programs to establish grassroots networks at the community level. Local grantees should represent the diversity of the State. Support should be sufficient for designated staff at the local level to establish and participate in local coalitions, partnerships, and task forces for local policy development and implementation; local environmental scans; development and implementation of a written plan to work toward policy goals and participation in State evaluation and data collection efforts; and access to tobacco control information through a variety of sources such as journals, Internet Web sites and list serves. Refer to U.S. HHS, CDC "Best Practices for Comprehensive Tobacco Control Programs-August 1999," and American Journal of Preventive Medicine "Community Prevention Services Guidelines for Tobacco Use,

February 2001," at www.cdc.gov/tobacco/stat-nat-data.htm for information about local programs.

Performance will be measured by accomplishing the activities described above in "Local Grant Program."

Training and Technical Assistance

Develop and implement a technical assistance and training process to address the needs of local grant staff, coalitions, and partners involved in tobacco prevention and control activities. Performance will be measured by evidence that training and technical assistance needs have been assessed and provided by Smokefree Indiana or partner organizations to local health department staff, coalitions, and partners. Evidence can be shown by: the number and description of trainings planned and/or provided that include the strategic purpose of the trainings and anticipated impacts as related to short-term and long-term outcomes, description of the process and strategy to provide technical assistance.

Information Exchange

Develop and implement mechanisms to facilitate information exchange between SFI, the Indiana Tobacco Prevention and Cessation Agency, the CDC, tobacco control program personnel in other States, and national partners.

Performance will be measured by accomplishing the activities described in "Information Exchange."

Evidence can be shown by: establishing a communication loop with CDC for the exchange and dissemination of information about program effectiveness, progress toward short and long-term objectives as defined in the strategic plan; participation on CDC sponsored

workgroups/task forces and the frequency of that participation, number of presentations at national meetings and conferences, number of publications of data and evaluation outcomes via "Morbidity and Mortality Weekly Report" (MMWR), peer-reviewed journals (or as reports), number of reports on collaboration with programs and partners in neighboring States; posting information and resources on the CDC State forum; participation with Association of State Territorial Health Officers (ASTHO) regional networks and Tobacco Control Resource council and/or other tobacco-related projects sponsored by ASTHO.

Discussion of the Four Program Goals

Prevent Initiation of Tobacco Use Among Young People

Develop and implement science-based policy-focused strategies identified in the State strategic plan to prevent youth initiation of tobacco use.

Performance will be measured by accomplishing the activities described above in "Prevent Initiation to Tobacco Use Among Young People." Evidence can be shown by describing: multi-component community interventions to reduce youth initiation that are science-based and policy focused such as price increase for tobacco products; educational activities that address the efficacy of policy initiatives such as restrictions on tobacco advertising, promotion and sponsorships and retailer licensing regulations; tobacco-free school policies; identification of disparities related to youth initiation to tobacco use; partnerships with State and local education organizations to promote CDC "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction;" counter-marketing strategies that include media advocacy and paid advertising to disseminate messages regarding youth access; pro-health messages; State evaluation and data collection efforts to demonstrate local programs toward policies to reduce youth initiation.

Eliminate Exposure to Secondhand Smoke

Develop and implement science-based policy-focused strategies to reduce exposure to secondhand smoke.

Performance will be measured by accomplishing the activities described above in "Eliminate Exposure to Secondhand Smoke." Evidence can be shown by describing: local coalition objectives and evidence-based activities that are linked to a policy change leading to short-term and long-term outcomes as identified within the State plan; counter-marketing strategies that are supportive of local policy efforts, including both earned and paid media and the numbers of people reached through earned and paid media strategies; recommendations made and/or actions taken by an advisory group or task force composed of diverse State and local representation; a description of disparities related to exposure to secondhand smoke and strategies to reduce those disparities; actions taken to expand policy coverage to new communities and/or to strengthen policies in communities where they are already in place. Evidence can also be shown by a State-specific database that tracks local clean indoor air ordinances work, where pre-emption exists, voluntary policies and reporting of the number of policies implemented; State evaluation and data collection efforts to demonstrate local progress toward policies to eliminate exposure to secondhand smoke.

Promote Cessation among Adults and Youth

Implement science-based policy-focused strategies as defined in the State strategic plan to promote cessation among adults and youth.

Performance will be measured by accomplishing the activities described in "Promote Cessation among Adults and Youth." Evidence can be shown by describing: strategies to

promote guidelines published in "U.S. DHHS Public Health Services Treating Tobacco Use and Dependence" and American Journal of Preventive Medicine, "Community Prevention Services Guidelines for Tobacco Use;" strategies at www.cdc.gov/tobacco/stat-nat-data.htm, reduce identified disparities; counter-marketing strategies that incorporate earned and paid media to provide information about and motivation for quitting and reach diverse populations and the number of people reached with paid media; statewide activities, as detailed in the state strategic plan, to promote effective methods for quitting including support for and promotion of policy development and initiatives related to cessation services; links between SFI and other organizations to support and promote cessation.

Identify and Eliminate Tobacco-related Disparities among Specific Population Groups

Identify and eliminate disparities in specific population groups related to 1) preventing initiation among young people; 2) eliminating exposure to secondhand smoke; and 3) promoting cessation among adults and youth.

Performance will be measured by accomplishing the activities in "Identify and Eliminate Tobacco-related Disparities among Specific Population Groups." Evidence can be shown by: demonstrating the implementation of interventions based on Indiana Tobacco Use Disparities and Diversity Workgroup's strategic plan to identify and eliminate tobacco-related disparities.

Funding

The State-based tobacco prevention and control program is federally funded through the United States Department of Health and Human Services, Centers for Disease Control and Prevention (USHHS/CDC). ISDH receives the funds to operate the Comprehensive State-Based Tobacco Prevention and Control program, known as Smokefree Indiana (SFI).

Smokefree Indiana Staffing

Smokefree Indiana's current staff includes the following: managing director, assistant director, media director, regional director, director of diversity, and director of coalition development. It is ISDH's expectation that the selected vendor will provide a staff that is parallel to those listed above. The general responsibilities for these positions include:

Managing Director

- Day-to-day management of the project
- Oversee State-level staff
- Provide guidance and direction to field staff
- Maintain the project budget
- Assure compliance with the cooperative agreement
- Serve as a liaison with other state and federal agencies and other agencies involved in tobacco control at the local, state or federal level
- Oversee the development of the annual action plan
- Coordinate strategic planning activities, including funding for continuation of the program
- Perform staff evaluations

The managing director's position requires strong organizational management skills; supervisory experience; experience and specialized training in tobacco prevention and control, spokesperson and crisis communications, strategic planning and marketing. Must have basic finance and accounting skills to manage an annual budget of approximately \$1 million. Familiarity with local, state and federal government is required. A degree in health education, health promotion or public health is highly recommended.

Assistant Director/Training and Technical Assistance Responsibilities

- Assess training and technical assistance needs (materials, resources, etc) of staff and coalition members
- Assure the planning and provision of appropriate training and resources
- Serve as a liaison with other state and federal agencies and other agencies involved in tobacco control at the local, state or federal level
- Evaluate the effectiveness/quality of training and technical assistance provided
- Provide direct assistance to the managing director
- Assume the management duties and functions in the absence of the managing director
- Compile necessary reports/documentation for submission to the ISDH/CDC.

The assistant director/director of training and technical assistance position requires strong organizational skills; experience and specialized training in tobacco prevention and control, strategic planning and project management. Some experience in assessing training needs and developing training programs, supervision, basic accounting is required. Familiarity with local, state and federal government is desirable. A degree in health education, health promotion or public health is highly recommended.

Director of Coalition Development

- Coordinating and provide support to SFI coalitions; provide consultation and technical assistance to assigned communities throughout Indiana in developing tobacco prevention and control programs
- Oversee the coordinated implementation of local tobacco control coalitions

- Encourage involvement within communities not covered by a local coalition to establish a committee/task force/coalition for tobacco control efforts
- Serve as a liaison with other state and federal agencies and other agencies involved in tobacco control coalition development at the local, state or federal level
- Compile reports/documentation concerning the activities of the funded coalitions

The director of coalition development position requires strong organizational and project management skills; experience and specialized training in tobacco prevention and control, coalition development and partnership development. Familiarity with local, state and federal government is desirable. Experience in event management is desirable. A degree in health education, health promotion or public health is highly recommended.

Media Director

- Assure the inclusion of media advocacy/counter-marketing strategies in the activities of the annual action plan
- Assure media coverage of activities
- Serve as a liaison with other state and federal agencies and other agencies involved in tobacco control media efforts at the local, state or federal level
- Coordinate statewide media coverage of tobacco control events
- Assist local coalitions with media needs
- Serve as spokesperson for the organization
- Maintain regular communications with coalition members, staff and media (newsletter, weekly tobacco control update, media advisories and media releases)
- Compile necessary reports/documentation on media efforts of tobacco control coalition members and staff

The media director position requires a degree in journalism, public relations or marketing; experience in communication, writing media releases and media advisories, developing collateral materials, orchestrating media events, and serving as media spokesperson. Skills in layout, graphic design, web management and working with vendors are desirable. Familiarity with local, state and federal government and experience or specialized training in tobacco prevention and control are desirable.

Regional Director

- Support local coalition(s) and committees
- Recruit partners by accurately explaining the project goals, objectives, priorities, and activities in public meetings and one-on-one conversations
- Provide tobacco control resources and information to all coalition members
- Create exhibits, displays, and educational materials
- Submit monthly reports to the SFI Assistant Director

The regional director position resides at Valparaiso University and requires a Bachelor's or Master's in health education; experience in community organization; coalition development; recruitment and retention; advocacy; consultation, and technical assistance among multicultural populations. Excellent written, verbal, and advocacy skills; experience creating presentation materials; computer proficiency; ability to interact positively with various constituencies; and working in a collaborative manner with fellow employees is required. Familiarity with local, state, and federal government and experience or specialized training in tobacco prevention and control are desirable.

Director of Diversity

- Ensure coalitions are inclusive and empower diverse partners in tobacco prevention and control
- Establish relationships with individuals/organizations affiliated with multicultural populations
- Work with the contact to assess the needs, readiness for involvement, resources and barriers for participating in tobacco control activities
- Serve as a liaison with other state and federal agencies and other agencies representing multicultural populations at the local, state or federal level
- Compile necessary reports/documentation on tobacco control efforts within multicultural populations
- Ensure adoption of disparities strategic plan

The director of diversity position requires strong organization and communication skills; experience and specialized training in tobacco prevention and control, coalition development and partnership development. Experience in coalition development, especially among diverse populations is desirable. Familiarity with local, state and federal government is desirable. A degree in health education, health promotion or public health is highly recommended.